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|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>NCMA-125997443</i> | <i>State:</i> | <i>District of Columbia</i> |
| <i>Filing Company:</i> | <i>NCMIC Insurance Company</i> | <i>State Tracking Number:</i> | |
| <i>Company Tracking Number:</i> | <i>ND 2009 RATE</i> | | |
| <i>TOI:</i> | <i>11.2 Med Mal-Claims Made Only</i> | <i>Sub-TOI:</i> | <i>11.2029 Other</i> |
| <i>Product Name:</i> | <i>Naturopathic Professional Liability</i> | | |
| <i>Project Name/Number:</i> | <i>Naturopaths 2009/ND 2009 Rate</i> | | |

Filing at a Glance

Company: NCMIC Insurance Company

Product Name: Naturopathic Professional Liability

TOI: 11.2 Med Mal-Claims Made Only

Sub-TOI: 11.2029 Other

Filing Type: Rate/Rule

SERFF Tr Num: NCMA-125997443 State: District of Columbia

SERFF Status: Closed-APPROVED State Tr Num:

Co Tr Num: ND 2009 RATE

State Status:

Reviewer(s): Robert Nkojo

Disposition Date: 05/22/2009

Authors: Jacquie Anderson, Juli Frank, Terry Hopkins

Date Submitted: 03/19/2009

Disposition Status: APPROVED

Effective Date Requested (New): 06/01/2009

Effective Date Requested (Renewal): 06/01/2009

State Filing Description:

Effective Date (New):

Effective Date (Renewal):

General Information

Project Name: Naturopaths 2009

Project Number: ND 2009 Rate

Status of Filing in Domicile: Not Filed

Domicile Status Comments: Our Naturopathic Professional Liability Program is not available in Iowa

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 05/22/2009

State Status Changed:

Created By: Juli Frank

Corresponding Filing Tracking Number: ND 2009 Form

Filing Description:

The attached documents represent the move of our Naturopathic Physicians professional liability program from NCMIC Insurance Company to NCMIC Diversified Health Risk Purchasing Group. Included is the rating manual.

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

Submitted By: Terry Hopkins

Company and Contact

Filing Contact Information

Juli Frank, Assistant Director of Compliance
14001 University Ave

jfrank@ncmic.com
515-313-4557 [Phone]

SERFF Tracking Number: NCMA-125997443 State: District of Columbia
Filing Company: NCMIC Insurance Company State Tracking Number:
Company Tracking Number: ND 2009 RATE
TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2029 Other
Product Name: Naturopathic Professional Liability
Project Name/Number: Naturopaths 2009/ND 2009 Rate

Clive, IA 50325 515-313-4476 [FAX]

Filing Company Information

| | | |
|-----------------------------|-------------------------|---------------------------------|
| NCMIC Insurance Company | CoCode: 15865 | State of Domicile: Iowa |
| 14001 University Ave | Group Code: 2638 | Company Type: Property/Casualty |
| Clive, IA 50235 | Group Name: | State ID Number: |
| (800) 321-7015 ext. [Phone] | FEIN Number: 42-0635534 | |

Filing Fees

| | |
|------------------|----|
| Fee Required? | No |
| Retaliatory? | No |
| Fee Explanation: | |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------|--------|----------------|---------------|
| NCMIC Insurance Company | \$0.00 | | |

| | | | |
|---------------------------------|--|-------------------------------|-----------------------------|
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| <i>Product Name:</i> | <i>Naturopathic Professional Liability</i> | | |
| <i>Project Name/Number:</i> | <i>Naturopaths 2009/ND 2009 Rate</i> | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|---------------|-------------------|-------------------|-----------------------|
| APPROVED | Robert Nkojo | 05/22/2009 | 05/22/2009 |

| | | | |
|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>NCMA-125997443</i> | <i>State:</i> | <i>District of Columbia</i> |
| <i>Filing Company:</i> | <i>NCMIC Insurance Company</i> | <i>State Tracking Number:</i> | |
| <i>Company Tracking Number:</i> | <i>ND 2009 RATE</i> | | |
| <i>TOI:</i> | <i>11.2 Med Mal-Claims Made Only</i> | <i>Sub-TOI:</i> | <i>11.2029 Other</i> |
| <i>Product Name:</i> | <i>Naturopathic Professional Liability</i> | | |
| <i>Project Name/Number:</i> | <i>Naturopaths 2009/ND 2009 Rate</i> | | |

Disposition

Disposition Date: 05/22/2009

Effective Date (New):

Effective Date (Renewal):

Status: APPROVED

Comment:

Rate data does NOT apply to filing.

| | | | |
|--------------------------|-------------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | NCMA-125997443 | State: | District of Columbia |
| Filing Company: | NCMIC Insurance Company | State Tracking Number: | |
| Company Tracking Number: | ND 2009 RATE | | |
| TOI: | 11.2 Med Mal-Claims Made Only | Sub-TOI: | 11.2029 Other |
| Product Name: | Naturopathic Professional Liability | | |
| Project Name/Number: | Naturopaths 2009/ND 2009 Rate | | |

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|---|----------------------|---------------|
| Supporting Document | Cover Letter All Filings | | Yes |
| Supporting Document | Consulting Authorization | | Yes |
| Supporting Document | Actuarial Certification (P&C) | | Yes |
| Supporting Document | District of Columbia and Countrywide Experience for the Last 5 Years (P&C) | | Yes |
| Supporting Document | District of Columbia and Countrywide Loss Ratio Analysis (P&C) | | Yes |
| Supporting Document | Rating Manual Comparison | | Yes |
| Rate | District of Columbia Naturopathic Rate Manual | | Yes |

| | | | |
|---------------------------------|--|-------------------------------|-----------------------------|
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| <i>Product Name:</i> | <i>Naturopathic Professional Liability</i> | | |
| <i>Project Name/Number:</i> | <i>Naturopaths 2009/ND 2009 Rate</i> | | |

Rate/Rule Schedule

| Schedule Item | Exhibit Name: | Rule # or Page | Rate Action | Previous State Filing Attachments |
|---------------|---|----------------|-------------|--|
| Status: | | #: | | Number: |
| | District of Columbia Naturopathic Rate Manual | pg 1-7 | Replacement | Naturopath 2005 - Rate DC Naturopathic Rate Manual 1-2009.pdf |

NCMIC DIVERSIFIED HEALTH RISK PURCHASING GROUP

DISTRICT OF COLUMBIA

NATUROPATHIC PHYSICIANS PROFESSIONAL LIABILITY MANUAL

Applicable to Claims-Made policies.

I. APPLICATION OF THIS MANUAL - ELIGIBILITY

This program covers Naturopathic physicians engaged in the rendering of professional services specific to their discipline.

A. Naturopathic Providers

Licensed naturopathic physicians who meet the current underwriting standards of NCMIC Insurance Company, the insurer of the NCMIC Diversified Health Risk Purchasing Group.

B. Ancillary Personnel

Ancillary employees are included as insureds for their acts while performing duties within the scope of their employment while under the supervision of the insured named in the Coverage Summary. Ancillary Employees are not separately rated and do not include licensed health care providers.

C. Entity Coverage

Sole Practitioner: This program provides coverage for shared limits of liability to a naturopathic physician's professional entity as long as the entity does not employ other licensed health care providers.

Separate Limits: Professional corporations, associations or partnerships formed for the express purpose of practicing naturopathy may be provided coverage for separate limits.

Multiple Entities: If a naturopathic physician has multiple partnerships, corporations or professional associations, they may choose to have one separate limit of liability to share between all of the entities.

II. PREMIUM DETERMINATION

1. Determine base rate for appropriate state and territory.
2. Apply the desired limits Increased Limits Factor (ILF).
3. Apply the appropriate step factor.
4. Apply discounts, as appropriate, for part-time or new practitioner.
5. Apply any credits/debits for experience rating.
6. Apply rounding.
7. Example Premium Calculation:

Assume the full time undiscounted premium is \$1,100.00. Credits or debits will be applied in consecutive order.

| | | |
|------------------|---|---|
| \$1,100.00 x .50 | = | \$550.00 (Part-time discount of 50%) |
| \$ 550.00 x .95 | = | \$522.50 (Experience rating credit of 5%) |
| \$ 522.50 | = | \$523.00 (Apply rounding) |

III. POLICY PERIOD

The policy period shall be for a one year term. Insureds added or removed mid-term will be pro-rated.

IV. WHOLE DOLLAR PREMIUM RULE

All premiums shown on the policy and endorsements shall be rounded to the nearest whole dollar. If premium is .50 or greater, round to next higher whole dollar. If premium is .49 or less, round down. In the event of cancellation, the return premium shall be rounded to the nearest whole dollar.

Example: \$1234.30 is rounded to \$1234.

\$1234.60 is rounded to \$1235.

V. PRACTICE LOCATION

For insureds who practice in multiple states, the location of their primary practice will determine the base rate. A premium debit of 25% of the issuing state's undiscounted base premium will be applied if the secondary state's base rate is higher. The 25% debit will not be applied if the primary state's base rate is higher.

The insured must be licensed in all states where practicing.

VI. POLICY CANCELLATION

A. Cancellation By the Insured

The policyholder may cancel the policy by mailing or delivering notice to the Company stating when such cancellation shall be effective.

This policy will remain in full force and effect until its regular anniversary date unless the policy is canceled sooner by the Company in accordance with the laws of the District of Columbia.

B. Cancellation/Non-Renewal By the Company

The Company may cancel or non-renew the policy in accordance with the insurance laws of the District of Columbia. Standard cancellation notice will be sent **30** days prior to cancellation, except that in the event of non-payment of premium or if the insured is no longer licensed, then not less than twenty (20) days prior notice will be given.

VII. PREMIUM PAYMENT OPTIONS

1. Annual
2. Semi-Annual 50% prepayment required
3. Quarterly 25% prepayment required

VIII. RENEWALS

Upon membership in the NCMIC Diversified Health Risk Purchasing Group, the policy will be renewed upon receipt of the required premium on or before the date of each successive policy period. The renewal premium shall be based on rates in effect on the renewal or anniversary date. The applicable forms and endorsements must be made a part of the policy. Additional premiums for policy changes occurring during the current policy term shall be computed pro rata of the annual premium.

IX. SPECIAL PROVISIONS

A. Retroactive Coverage

This extension covers incidents which occurred subsequent to the prior carrier's retroactive date, but which are neither known nor reported as of the inception date of the replacement coverage written by NCMIC. The insured may select the Retroactive Date (shown on the Coverage Summary) from a date that is equal to the retroactive date shown on the previous policy.

Premium for this extension is derived by rating the policy based upon the claims-made step factor determined by using the previous carrier's retroactive date.

No permission shall be granted for advancing the Retroactive Date after the policy has taken effect.

B. Basic Reporting Extension

This option applies when coverage under the policy ends, either by action of the insured or the Company through cancellation, termination or non-renewal.

Under the circumstances stated above, the Company will provide a sixty (60) day Basic Reporting Extension which allows claims to be reported during this time which result from incidents that happened during the time the coverage was in force.

Within thirty (30) days of when the policy coverage terminates, the Company must advise the insured of the availability of an extended reporting endorsement, the premium cost, and the importance of buying this additional coverage extension, commonly called "Tail Coverage".

The insured will have the greater of sixty (60) days from the date the coverage is terminated, or thirty (30) days from the date of notice, to accept the Extended Reporting Endorsement in writing.

This endorsement will not be made available to an insured if coverage is canceled for non-payment of premium.

C. Extended Reporting Endorsement also called Tail Coverage

This endorsement will provide coverage for an unlimited time period with aggregate liability limits equal to or less than those of the expired coverage to report claims which arose from incidents that occurred when the coverage was in force. The liability limits provided by this option are the only limits that shall be applicable to the unlimited time period designated above. This endorsement can be applied to individual or entity policies.

The following factors shall apply with respect to premium calculation:

| Number Of Years Completed In Claims Made Program | Tail Factors: |
|---|---------------|
| 1 | 0.7194 |
| 2 | 1.0725 |
| 3 | 1.1682 |
| 4+ | 1.1902 |

The appropriate factor will be applied to the claims made rate in effect during the year immediately prior to termination/non-renewal of coverage.

If the insured fails to pay the Extended Reporting Endorsement premium when due, the insured will be liable to the Company for any losses and loss expenses incurred.

NCMIC Insurance Company cannot cancel the extended reporting endorsement except for non-payment of the additional premium.

D. Locum Tenens

Locum Tenens substituting and serving in the place of the insured shall be provided coverage at no additional premium for a period not to exceed forty-five (45) days per policy term. A completed application must be submitted to the company for prior underwriting approval.

X. DISCOUNTS

These discounts may be applied to the insured's premium prior to all other rate modifications. The application of these discounts will not impact the insured's potential **50%** maximum experience rating credit.

The insured is only eligible for one discount during the policy period.

New Practitioner Credit

A new practitioner is defined as a person who has completed his or her training within the previous six months; whose only contact with patients has been in the course of his or her training; and who has not been previously insured by NCMIC Insurance Company or a member of a NCMIC Risk Purchasing Group.

| | |
|----------------------------------|------------|
| Claims Made 1 st year | 50% credit |
| Claims Made 2 nd year | 30% credit |
| Claims Made 3 rd year | 25% credit |

Part - Time Credit

An insured must practice not more than 20 hours per week to become eligible for this credit. The insured must complete an application for part time credit. If the application is approved, the credit applied is 50% of the approved claims-made base premium.

XI. EXPERIENCE RATING

NCMIC Insurance Company offers its insureds a variety of premium credits to meet their particular practice circumstances. The maximum experience rating credit that will be applied to the base rate will be 50%. The maximum experience rating debit that will be applied to the base rate will be 50%.

The specific criteria that will be reviewed by NCMIC Insurance Company in applying credits and debits listed are listed below. The actual determination of the appropriate credit or debit will be determined through the underwriting review of the applicant's application.

Claims Free Credits/Debits

The claims free credit shall apply only if there is verifiable experience for the time period specified.

Claims free for previous three years - 5% credit
 Claims free for previous four years - 6% credit
 Claims free for previous five years - 7% credit
 Claims free for previous six years - 8% credit
 Claims free for previous seven years - 9% credit
 Eight or more years claims free - 10% credit

One loss in previous five years – 5% debit
 Greater than one loss during previous five years – 15% debit

Documentation, including copies of judgments, awards or stipulations of settlement will be requested and reviewed where available.

To obtain and verify experience applicable to each prospective insured, the insured will seek claim information from:

- a. The applicant
- b. The agent or broker
- c. All previous insurers with respect to the experience period in question.

XII. PROFESSIONAL ENTITY COVERAGE

Professional Entity Factors are applied to the undiscounted base premium.

| | |
|---|--|
| Sole practitioner shared limit of liability | No additional charge |
| Separate limit of liability | .20 for the first entity .05 for each additional entity |

XIII. ENDORSED COVERAGES**A. Endorsements for Mandatory Coverages:**

The following are mandatory coverages under the policy and will not have an additional premium charge:

District of Columbia Cancellation Provision Endorsement – Form NCMIC-ND-DC-01

This endorsement amends the cancellation and non-renewal section of the policy.

B. Endorsements for Optional Coverages:

The following are optional coverages under the policy. Several of the coverages require an additional premium charge. Endorsements added or deleted mid-term will be pro-rated.

Professional Services/Specialty, Procedure, Technique Exclusion Endorsement – Form NCMIC-ND-02

This endorsement adds an exclusion to the policy for an insured supplying or failing to supply professional services while acting in a designated role or for the specialty, procedure or technique designated on the endorsement.

Active Military Duty Endorsement – Form NCMIC-ND-03

This endorsement suspends coverage, including premium payments, if an insured is called to active military duty. This endorsement provides coverage for claims arising from acts, errors or omissions that occurred prior to the inception of the active military leave. There is no coverage for acts, errors or omissions during the period of active military duty. Because the claims made policy does not cancel, there is no need for the purchase of Extended Reporting Coverage (Tail) at the time of suspension.

Acupuncture - Oriental Medicine Coverage Endorsement – Form NCMIC-ND-04

This endorsement provides coverage to naturopathic physicians who also are licensed or properly certified to practice Acupuncture – Oriental medicine while acting within the scope of their license(s) and/or certifications. Employees not licensed but providing professional services under the direction and supervision of an insured are also covered as are licensed naturopathic physicians acting as locum tenens serving in the place of an insured. The charge for this endorsement is 15% of the discounted base premium as determined in step 4 of the Premium Determination.

Additional Insured Endorsement – Form NCMIC-ND-05

This endorsement provides coverage for an additional insured. There is no additional charge for this endorsement. The insured must complete an application for the additional insured endorsement.

Amendatory Endorsement – Form NCMIC-ND-06

This endorsement may be utilized as a manuscript form to broaden, restrict, or clarify coverage issues. The endorsement may also be utilized to clarify adjustments in rating.

Extended Reporting Endorsement – Form NCMIC-ND-09

This endorsement provides coverage for an unlimited time period with aggregate liability limits equal to or less than those of the expired coverage to report claims, which arose from incidents that occurred when the coverage was in force. The liability limits provided by this option are the only limits that shall be applicable to the unlimited time period designated above.

Postceptor or Extern Coverage Endorsement – Form NCMIC-ND-12

This endorsement provides coverage for naturopathic college students who have graduated from naturopathic college, but who have not yet received a license to practice, i.e. externs. The extern must be under the direct supervision of a licensed naturopathic physician and must be acting within the scope of the applicable laws governing externs. The additional premium for this endorsement is \$300.00 per postceptor or extern.

Temporary Leave of Absence Endorsement – Form NCMIC-ND-15

This endorsement may be utilized if an insured must take a leave of absence from their practice. Insureds who become disabled or take a leave of absence shall become eligible for suspension of coverage at a rate reduction of 90% of the otherwise applicable rate for the period of disability or leave of absence. The period must extend for a minimum length of sixty (60) days or more up to a maximum of one hundred eighty (180) days or until renewal. The lower premium will apply retroactively to the first day of the disability or leave.

This option provides continued protection to the provider who experiences a temporary interruption in his or her practice (subject to the stated eligibility requirements), for claims arising from acts, errors or omissions which occurred prior to the inception of the disability or leave. There is no coverage for acts, errors or omissions during the leave or disability period. For claims made policies, because the policy does not cancel, there is no need for the purchase of Extended Reporting Coverage (Tail).

If disabled, proof of disability must be submitted to the Company for approval, and the calculation of the credit will be on a pro rata basis for the period of the qualifying disability.

For claims made policies, while on disability or leave, credit toward extended reporting vesting will continue to accrue, and the insured must continue to pay premiums when due.

Eligible Situations For Temporary Leave of Absence: Short-Term Disability, Maternity Leave or any other reason pre-approved by NCMIC Insurance Company – Does not apply to vacations

XIV. RATES**District of Columbia****Territory 01 – Entire State****Naturopathic Physician Claims Made Base Rate (@ \$100K/\$300K limit)****Territory 01 – \$2160.00****Increase limit factors: The applicable limit factor is determined by the chosen limit option on the application.**

| Limits of Liability | Increase Limit Factors |
|--------------------------------|-------------------------------|
| \$100,000/\$300,000 | 1.000 |
| \$200,000/\$600,000 | 1.159 |
| \$250,000/\$750,000 | 1.215 |
| \$500,000/\$1,000,000 | 1.408 |
| \$1,000,000/\$3,000,000 | 1.590 |
| \$2,000,000/\$4,000,000 | 1.741 |

Claims-Made Step Factors:

| Year | Claims-Made Step Factor |
|---------------|--------------------------------|
| 1 | 0.35 |
| 2 | 0.66 |
| 3 | 0.90 |
| 4 | 0.98 |
| Mature | 1.00 |

| | | | |
|--------------------------|-------------------------------------|------------------------|----------------------|
| SERFF Tracking Number: | NCMA-125997443 | State: | District of Columbia |
| Filing Company: | NCMIC Insurance Company | State Tracking Number: | |
| Company Tracking Number: | ND 2009 RATE | | |
| TOI: | 11.2 Med Mal-Claims Made Only | Sub-TOI: | 11.2029 Other |
| Product Name: | Naturopathic Professional Liability | | |
| Project Name/Number: | Naturopaths 2009/ND 2009 Rate | | |

Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|--------------|
| Satisfied - Item: Cover Letter All Filings Comments: Attachments: ND rate cover letter 2009.pdf 2009 ND Rate Manual Changes DC.pdf | | |
| Bypassed - Item: Consulting Authorization Bypass Reason: N/A Comments: | | |
| Bypassed - Item: Actuarial Certification (P&C) Bypass Reason: N/A - No changes are being made to the rates. Comments: | | |
| Bypassed - Item: District of Columbia and Countrywide Experience for the Last 5 Years (P&C) Bypass Reason: N/A - No changes are being made to the rates. Comments: | | |
| Bypassed - Item: District of Columbia and Countrywide Loss Ratio Analysis | | |

SERFF Tracking Number: NCMA-125997443 State: District of Columbia
Filing Company: NCMIC Insurance Company State Tracking Number:
Company Tracking Number: ND 2009 RATE
TOI: 11.2 Med Mal-Claims Made Only Sub-TOI: 11.2029 Other
Product Name: Naturopathic Professional Liability
Project Name/Number: Naturopaths 2009/ND 2009 Rate
(P&C)

Bypass Reason: N/A - No changes are being made to the rates.

Comments:

Item Status:

Status

Date:

Satisfied - Item: Rating Manual Comparison

Comments:

Attachment:

DC Rate Manual Comparison.pdf

March 18, 2009

District of Columbia Insurance Department
Insurance Products Division
810 First Street North East, Room 700
Washington, DC 20002

RE: Naturopathic Professional Liability Insurance program
Filing Number: ND 2009 Rate
Proposed Effective Date: 06/01/2009

To Whom It May Concern:

NCMIC is making this filing of Naturopathic Physician rates as it moves the naturopathic physician malpractice program from NCMIC Insurance Company into the NCMIC Diversified Health Risk Purchasing Group.

NCMIC Diversified Health Risk Purchasing Group maintains current registrations in good standing in each of the sixteen states in which our product will be offered to licensed naturopaths.

At one time, NCMIC's naturopathic professional liability program resided in this RPG but was moved to NCMIC Insurance Company in 2005 anticipating many, if not most, naturopaths would be likely become "dual-licensed"; that is, obtain chiropractic licensure in addition to their naturopathic license. That dual-licensure projection has not materialized.

Having all naturopath insureds in one, homogenous purchasing group will permit *group* liability coverage to once again be issued. Providers insured under the group policy will be issued certificates of insurance. State specific endorsements will address the various states' cancellation/non-renewal and other unique statutory requirements.

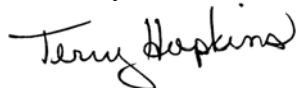
The RPG policy will not be subject to a shared (group) aggregate limit of liability. Each insured will continue to be issued individual limits of liability, per claim and in the aggregate. No insured will experience any reduction in coverage due to the move, and no premium increase is associated with the move to the RPG.

Coverage enhancements with associated premium savings will be available under the group policy, including a shared limit of liability for the provider's professional entity (currently, that coverage option is available only for sole practitioners), and coverage for licensed massage therapists employed by the insured.

Insureds will receive non renewal notices with the state-mandated days' notice period.

Please feel free to contact me if you have questions or need additional information.
Thank you.

Sincerely,



Terry Hopkins
Compliance Analyst
PH: (800) 321-7015 Ext. 4503
FX: (515) 313-4476
Email: thopkins@ncmic.com

State of District of Columbia
Comparison of NCMIC Naturopathic Physicians Professional Liability
Rating Manuals

NCMIC Diversified Health Risk Purchasing Group Naturopathic Physicians Professional Liability Manual Edition 1/2009 (new)

To

NCMIC Insurance Company Naturopathic Physicians Professional Liability Manual Edition 7/2008 (current)

Section I. Application of This Manual - Eligibility

The new manual is amended to add reference to the RPG under A. Naturopathic Providers.

The new manual is amended to change the term “Corporations” to “Entities” under C. Entity Coverage.

Section II. Premium Determination

No changes have been made to the method used calculate premium.

The only changes are:

- Step 4 has been modified to clarify that the new practitioner discount is also applied in this step the term “credit” has been changed to “discounts”
- Reference to Schedule Rating has been removed from Step 5 since we don’t apply any schedule rating
- Reference to Schedule Rating has been removed from the Example Premium Calculation in Step 7 and replaced with the Part-time Discount since we don’t apply any schedule rating

Section III. Policy Period

Language has been added to clarify that insureds added or removed mid-term will be pro-rated.

Section IV. Whole Dollar Premium Rule

This section remains the same between current and new rating manuals.

Section V. Practice Location

Wording has been added to clarify that the 25% debit is applied to the issuing state’s undiscounted base premium.

Section VI. Policy Cancellation

This section remains the same between current and new rating manuals.

Section VII. Premium Payment Options

This section remains the same between current and new rating manuals.

Section VIII. Renewals

The new manual is amended to add reference to the RPG.

Section IX. Special Provisions

This section remains the same between current and new rating manuals.

Section X. Discounts

No changes have been made to the New Practitioner or Part-time Credit.

The only change is that the Additional Credits Section has been moved to Section X. and renamed to “Discounts” since the part-time and new practitioner discounts are applied prior to any other credits/debits.

Section XI. Experience Rating

No changes have been made to the Claims Free Credits/Debits.

The only change is that the Experience Rating Section has been moved to section XI. and renamed to “Experience Rating” since the Claims Free Credits/Debits are applied after any discounts.

Section XII. Professional Entity Coverage

A new Professional Entity Coverage Section has been added to the manual since reference to the professional entity coverage endorsements have been removed due to the fact that corporation coverage is now included in the Coverage Agreement Section of the policy and reflected on the Schedule of Insureds Section of the Declarations.

No changes have been made to the professional entity factors.

Section XIII. Endorsed Coverages

A statement has been added to clarify that endorsements added or deleted mid-term will be pro-rated.

See the “Summary of Endorsement Changes” for an explanation of endorsement changes.

Section XIV. Rates

This section remains the same between current and new rating manuals.

Text Comparison

Documents Compared

2005-12 Naturopathic Rate Manual - DC.pdf - Adobe Acrobat Professional

DC Naturopathic Rate Manual 1-2009.pdf

Summary

314 word(s) added

656 word(s) deleted

2305 word(s) matched

40 block(s) matched

To see where the changes are, scroll down.

Version 1.00

~~NCMIC INSURANCE COMPANY~~

~~*District of Columbia*~~

NATUROPATHIC PHYSICIANS PROFESSIONAL LIABILITY MANUAL

NCMIC DIVERSIFIED HEALTH RISK
PURCHASING GROUP

DISTRICT OF COLUMBIA

NATUROPATHIC PHYSICIANS PROFESSIONAL LIABILITY MANUAL

Applicable to Claims-Made policies.***I. APPLICATION OF THIS MANUAL - ELIGIBILITY***

This program covers Naturopathic physicians engaged in the rendering of professional services specific to their discipline.

A. Naturopathic Providers

Licensed naturopathic physicians who meet the current underwriting standards of NCMIC Insurance ~~Company~~

B. Ancillary Personnel

Ancillary employees are included as insureds for their acts while performing duties within the scope of their employment while under the supervision of the insured named in the Coverage Summary. Ancillary Employees are not separately rated and do not include licensed health care providers.

C. Entity Coverage

Sole Practitioner: This program provides coverage for shared limits of liability to a naturopathic physician's professional entity as long as the entity does not employ other licensed health care providers.

Separate Limits: Professional corporations, associations or partnerships formed for the express purpose of practicing naturopathy may be provided coverage for separate limits.

Multiple Corporations: If a naturopathic physician has multiple partnerships, corporations or professional associations, they may choose to have one separate limit of liability to share between all of the entities

II. PREMIUM DETERMINATION

1. Determine base rate for appropriate state and territory.
2. Apply the desired limits Increased Limits Factor (ILF).
3. Apply the appropriate step factor.
4. Apply ~~credit~~, as appropriate, for part-time status.
5. Apply any credits/debits for ~~scheduled or~~ experience rating.
6. Apply rounding.
7. Example Premium Calculation:

Assume the full time undiscounted premium is ~~\$1,000.00~~. Credits or debits will be applied in consecutive order.

$$\begin{array}{rcl}
 \cancel{\$1,000.00} \times .95 & = & \cancel{\$950.00} \text{ (Schedule rating credit of 5\%)} \\
 \cancel{\$950.00} \times .95 & = & \cancel{\$902.50} \text{ (Experience rating credit of 5\%)} \\
 \cancel{\$902.50} & = & \$903.00 \text{ (Apply rounding)}
 \end{array}$$

III. POLICY PERIOD

The policy period shall be for a one year term, ~~unless an insured is added as part of a group mid-term.~~

IV. WHOLE DOLLAR PREMIUM RULE

All premiums shown on the policy and endorsements shall be rounded to the nearest whole dollar. If premium is .50 or greater, round to next higher whole dollar. If premium is .49 or less, round down. In the event of cancellation, the return premium shall be rounded to the nearest whole dollar.

Example: \$1234.30 is rounded to \$1234.

\$1234.60 is rounded to \$1235.

Applicable to Claims-Made policies.

I. APPLICATION OF THIS MANUAL - ELIGIBILITY

This program covers Naturopathic physicians engaged in the rendering of professional services specific to their discipline.

A. Naturopathic Providers

Licensed naturopathic physicians who meet the current underwriting standards of NCMIC Insurance Company, the insurer of the NCMIC Diversified Health Risk Purchasing Group.

B. Ancillary Personnel

Ancillary employees are included as insureds for their acts while performing duties within the scope of their employment while under the supervision of the insured named in the Coverage Summary. Ancillary Employees are not separately rated and do not include licensed health care providers.

C. Entity Coverage

Sole Practitioner: This program provides coverage for shared limits of liability to a naturopathic physician's professional entity as long as the entity does not employ other licensed health care providers.

Separate Limits: Professional corporations, associations or partnerships formed for the express purpose of practicing naturopathy may be provided coverage for separate limits.

Multiple Entities: If a naturopathic physician has multiple partnerships, corporations or professional associations, they may choose to have one separate limit of liability to share between all of the entities.

II. PREMIUM DETERMINATION

1. Determine base rate for appropriate state and territory.
2. Apply the desired limits Increased Limits Factor (ILF).
3. Apply the appropriate step factor.
4. Apply discounts, as appropriate, for part-time or new practitioner.
5. Apply any credits/debits for experience rating.
6. Apply rounding.
7. Example Premium Calculation:

Assume the full time undiscounted premium is \$1,100.00. Credits or debits will be applied in consecutive order.

| | | |
|--------------------------------|---|--|
| <u>\$1,100.00</u> x <u>.50</u> | = | <u>\$550.00</u> (Part-time discount of 50%) |
| <u>\$ 550.00</u> x <u>.95</u> | = | <u>\$522.50</u> (Experience rating credit of 5%) |
| <u>\$ 522.50</u> | = | <u>\$523.00</u> (Apply rounding) |

III. POLICY PERIOD

The policy period shall be for a one year term. Insureds added or removed mid-term will be pro-rated.

IV. WHOLE DOLLAR PREMIUM RULE

All premiums shown on the policy and endorsements shall be rounded to the nearest whole dollar. If premium is .50 or greater, round to next higher whole dollar. If premium is .49 or less, round down. In the event of cancellation, the return premium shall be rounded to the nearest whole dollar.

Example: \$1234.30 is rounded to \$1234.

\$1234.60 is rounded to \$1235.

V. PRACTICE LOCATION

~~Naturopaths who conduct a percentage of their practice located in another state will be assessed additional premium, based upon the percentage of time spent in the other state.~~

- ~~A.~~ For insureds who practice in multiple states, the location of their primary practice will determine the base rate, with a premium debit of 25%, to be applied, based on their practice in the secondary state. The 25% debit will not be applied if the primary state's base rate is higher.
- ~~B.~~ The insured must be licensed in all states where practicing.

VI. POLICY CANCELLATION

A. Cancellation By the Insured

The policyholder may cancel the policy by mailing or delivering notice to the Company stating when such cancellation shall be effective.

This policy will remain in full force and effect until its regular anniversary date unless the policy is canceled sooner by the Company in accordance with the laws of the District of Columbia.

B. Cancellation/Non-Renewal By the Company

The Company may cancel or non-renew the policy in accordance with the insurance laws of the District of Columbia. Standard cancellation notice will be sent **30** days prior to cancellation, except that in the event of non-payment of premium or if the insured is no longer licensed, then not less than twenty (20) days prior notice will be given.

VII. PREMIUM PAYMENT OPTIONS

- 1. Annual
- 2. Semi-Annual 50% prepayment required
- 3. Quarterly 25% prepayment required

VIII. RENEWALS

~~The~~ policy will be renewed upon receipt of the required premium on or before the date of each successive policy period. The renewal premium shall be based on rates in effect on the renewal or anniversary date. The applicable forms and endorsements must be made a part of the policy. Additional premiums for policy changes occurring during the current policy term shall be computed pro rata of the annual premium.

IX. SPECIAL PROVISIONS

A. Retroactive Coverage

This extension covers incidents which occurred subsequent to the prior carrier's retroactive date, but which are neither known nor reported as of the inception date of the replacement coverage written by NCMIC. The insured may select the Retroactive Date (shown on the Coverage Summary) from a date that is equal to the retroactive date shown on the previous policy.

Premium for this extension is derived by rating the policy based upon the claims-made step factor determined by using the previous carrier's retroactive date.

No permission shall be granted for advancing the Retroactive Date after the policy has taken effect.

V. PRACTICE LOCATION

For insureds who practice in multiple states, the location of their primary practice will determine the base rate. A premium debit of 25% of the issuing state's undiscounted base premium will be applied if the secondary state's base rate is higher. The 25% debit will not be applied if the primary state's base rate is higher.

The insured must be licensed in all states where practicing.

VI. POLICY CANCELLATION

A. Cancellation By the Insured

The policyholder may cancel the policy by mailing or delivering notice to the Company stating when such cancellation shall be effective.

This policy will remain in full force and effect until its regular anniversary date unless the policy is canceled sooner by the Company in accordance with the laws of the District of Columbia.

B. Cancellation/Non-Renewal By the Company

The Company may cancel or non-renew the policy in accordance with the insurance laws of the District of Columbia. Standard cancellation notice will be sent **30** days prior to cancellation, except that in the event of non-payment of premium or if the insured is no longer licensed, then not less than twenty (20) days prior notice will be given.

VII. PREMIUM PAYMENT OPTIONS

1. Annual
2. Semi-Annual 50% prepayment required
3. Quarterly 25% prepayment required

VIII. RENEWALS

Upon membership in the NCMIC Diversified Health Risk Purchasing Group, the policy will be renewed upon receipt of the required premium on or before the date of each successive policy period. The renewal premium shall be based on rates in effect on the renewal or anniversary date. The applicable forms and endorsements must be made a part of the policy. Additional premiums for policy changes occurring during the current policy term shall be computed pro rata of the annual premium.

IX. SPECIAL PROVISIONS

A. Retroactive Coverage

This extension covers incidents which occurred subsequent to the prior carrier's retroactive date, but which are neither known nor reported as of the inception date of the replacement coverage written by NCMIC. The insured may select the Retroactive Date (shown on the Coverage Summary) from a date that is equal to the retroactive date shown on the previous policy.

Premium for this extension is derived by rating the policy based upon the claims-made step factor determined by using the previous carrier's retroactive date.

No permission shall be granted for advancing the Retroactive Date after the policy has taken effect.

B. Basic Reporting Extension

This option applies when coverage under the policy ends, either by action of the insured or the Company through cancellation, termination or non-renewal.

Under the circumstances stated above, the Company will provide a sixty (60) day Basic Reporting Extension which allows claims to be reported during this time which result from incidents that happened during the time the coverage was in force.

B. Basic Reporting Extension

This option applies when coverage under the policy ends, either by action of the insured or the Company through cancellation, termination or non-renewal.

Under the circumstances stated above, the Company will provide a sixty (60) day Basic Reporting Extension which allows claims to be reported during this time which result from incidents that happened during the time the coverage was in force.

Within thirty (30) days of when the policy coverage terminates, the Company must advise the insured of the availability of an extended reporting endorsement, the premium cost, and the importance of buying this additional coverage extension, commonly called "Tail Coverage".

The insured will have the greater of sixty (60) days from the date the coverage is terminated, or thirty (30) days from the date of notice, to accept the Extended Reporting Endorsement in writing.

This endorsement will not be made available to an insured if coverage is canceled for non-payment of premium.

C. Extended Reporting Endorsement also called Tail Coverage

This endorsement will provide coverage for an unlimited time period with aggregate liability limits equal to or less than those of the expired coverage to report claims which arose from incidents that occurred when the coverage was in force. The liability limits provided by this option are the only limits that shall be applicable to the unlimited time period designated above. This endorsement can be applied to individual or entity policies.

The following factors shall apply with respect to premium calculation:

| Number Of Years Completed In Claims Made Program | Tail Factors: |
|---|---------------|
| 1 | 0.7194 |
| 2 | 1.0725 |
| 3 | 1.1682 |
| 4+ | 1.1902 |

The appropriate factor will be applied to the claims made rate in effect during the years immediately prior to termination/non-renewal of coverage.

If the insured fails to pay the Extended Reporting Endorsement premium when due, the insured will be liable to the Company for any losses and loss expenses incurred.

NCMIC Insurance Company cannot cancel the extended reporting endorsement except for non-payment of the additional premium.

D. Locum Tenens

Locum Tenens substituting and serving in the place of the insured shall be provided coverage at no additional premium for a period not to exceed forty-five (45) days per policy term. A completed application must be submitted to the company for prior underwriting approval.

X. ~~PRIMARY CREDITS/DEBITS~~

NCMIC Insurance Company offers its insureds a variety of premium credits to meet their particular practice circumstances. The maximum ~~primary~~ credit that will be applied to the base rate will be 50%. The maximum ~~primary~~ debit that will be applied to the base rate will be 50%.

The specific criteria that will be reviewed by NCMIC Insurance Company in applying credits and debits listed are listed below. The actual determination of the appropriate credit or debit will be determined through the underwriting review of the applicant's application.

Within thirty (30) days of when the policy coverage terminates, the Company must advise the insured of the availability of an extended reporting endorsement, the premium cost, and the importance of buying this additional coverage extension, commonly called "Tail Coverage".

The insured will have the greater of sixty (60) days from the date the coverage is terminated, or thirty (30) days from the date of notice, to accept the Extended Reporting Endorsement in writing.

This endorsement will not be made available to an insured if coverage is canceled for non-payment of premium.

C. Extended Reporting Endorsement also called Tail Coverage

This endorsement will provide coverage for an unlimited time period with aggregate liability limits equal to or less than those of the expired coverage to report claims which arose from incidents that occurred when the coverage was in force. The liability limits provided by this option are the only limits that shall be applicable to the unlimited time period designated above. This endorsement can be applied to individual or entity policies.

The following factors shall apply with respect to premium calculation:

| Number Of Years Completed In Claims Made Program | Tail Factors: |
|---|---------------|
| 1 | 0.7194 |
| 2 | 1.0725 |
| 3 | 1.1682 |
| 4+ | 1.1902 |

The appropriate factor will be applied to the claims made rate in effect during the year immediately prior to termination/non-renewal of coverage.

If the insured fails to pay the Extended Reporting Endorsement premium when due, the insured will be liable to the Company for any losses and loss expenses incurred.

NCMIC Insurance Company cannot cancel the extended reporting endorsement except for non-payment of the additional premium.

D. Locum Tenens

Locum Tenens substituting and serving in the place of the insured shall be provided coverage at no additional premium for a period not to exceed forty-five (45) days per policy term. A completed application must be submitted to the company for prior underwriting approval.

X. DISCOUNTS

These discounts may be applied to the insured's premium prior to all other rate modifications. The application of these discounts will not impact the insured's potential **50%** maximum experience rating credit.

The insured is only eligible for one discount during the policy period.

New Practitioner Credit

A new practitioner is defined as a person who has completed his or her training within the previous six months; whose only contact with patients has been in the course of his or her training; and who has not been previously insured by NCMIC Insurance Company or a member of a NCMIC Risk Purchasing Group.

| | | |
|-------------|----------------------|------------|
| Claims Made | 1 st year | 50% credit |
| Claims Made | 2 nd year | 30% credit |
| Claims Made | 3 rd year | 25% credit |

Part - Time Credit

An insured must practice not more than 20 hours per week to become eligible for this credit. The insured must complete an application for part time credit. If the application is approved, the credit applied is 50% of the approved claims-made base premium.

Claims free Credits/debits

The claims free credit shall apply only if there is verifiable experience for the time period specified.

Claims free for previous three years - 5% credit
 Claims free for previous four years - 6% credit
 Claims free for previous five years - 7% credit
 Claims free for previous six years - 8% credit
 Claims free for previous seven years - 9% credit
 Eight or more years claims free - 10% credit

One loss in previous five years – 5% debit
 Greater than one loss during previous five years – 15% debit

Documentation, including copies of judgments, awards or stipulations of settlement will be requested and reviewed where available.

To obtain and verify experience applicable to each prospective insured, the insured will seek claim information from:

- The applicant
- The agent or broker
- All previous insurers with respect to the experience period in ~~question.~~

~~XI. ADDITIONAL CREDITS~~

These credits may be applied to the insured's premium after all other rate modifications ~~have been made.~~
 The application of these credits ~~will not impact the insured's potential 50% maximum primary credit.~~
 The insured is only eligible for one additional credit ~~during the policy period.~~

New Practitioner Credit

A new practitioner is defined as a person who has completed his or her training within the previous six months; whose only contact with patients has been in the course of his or her training; and who has not been previously insured by NCMIC Insurance Company or a member of a NCMIC Risk Purchasing Group.

| | | |
|-------------|----------------------|------------|
| Claims Made | 1 st year | 50% credit |
| Claims Made | 2 nd year | 30% credit |
| Claims Made | 3 rd year | 25% credit |

Part - Time Credit

An insured must practice not more than 20 hours per week to become eligible for this credit. The insured must complete an application for part time credit. If the application is approved, the credit applied is 50% of the approved claims-made base premium.

~~XII. ENDORSED COVERAGES~~

Endorsements for Mandatory Coverages:

The following are mandatory coverages under the policy and will not have an additional premium charge:

~~Cancellation Provision Endorsement Form NCMIC ND-DC-01~~

~~Notice to you must be sent at least sixty (60) days before the cancellation or non-renewal date. If you fail to pay any premium when due, we may cancel this policy by mailing notice to you at your last known address at least fifteen (15) days in advance.~~

~~Endorsements for Optional Coverages:~~

XI. EXPERIENCE RATING

NCMIC Insurance Company offers its insureds a variety of premium credits to meet their particular practice circumstances. The maximum experience rating credit that will be applied to the base rate will be 50%. The maximum experience rating debit that will be applied to the base rate will be 50%.

The specific criteria that will be reviewed by NCMIC Insurance Company in applying credits and debits listed are listed below. The actual determination of the appropriate credit or debit will be determined through the underwriting review of the applicant's application.

Claims Free Credits/Debits

The claims free credit shall apply only if there is verifiable experience for the time period specified.

Claims free for previous three years - 5% credit
 Claims free for previous four years - 6% credit
 Claims free for previous five years - 7% credit
 Claims free for previous six years - 8% credit
 Claims free for previous seven years - 9% credit
 Eight or more years claims free - 10% credit

One loss in previous five years – 5% debit
 Greater than one loss during previous five years – 15% debit

Documentation, including copies of judgments, awards or stipulations of settlement will be requested and reviewed where available.

To obtain and verify experience applicable to each prospective insured, the insured will seek claim information from:

- a. The applicant
- b. The agent or broker
- c. All previous insurers with respect to the experience period in question.

XII. PROFESSIONAL ENTITY COVERAGE**Professional Entity Factors are applied to the undiscounted base premium.**

| | |
|--|--|
| <u>Sole practitioner shared limit of liability</u> | <u>No additional charge</u> |
| <u>Separate limit of liability</u> | <u>.20 for the first entity</u> <u>.05 for each additional entity</u> |

XIII. ENDORSED COVERAGES**A. Endorsements for Mandatory Coverages:**

The following are mandatory coverages under the policy and will not have an additional premium charge:

District of Columbia Cancellation Provision Endorsement – Form NCMIC-ND-DC-01

This endorsement amends the cancellation and non-renewal section of the policy.

B. Endorsements for Optional Coverages:

The following are optional coverages under the policy. Several of the coverages require an additional premium charge. Endorsements added or deleted mid-term will be pro-rated.

Professional Services/Specialty, Procedure, Technique Exclusion Endorsement – Form NCMIC-ND-02

This endorsement adds an exclusion to the policy for an insured supplying or failing to supply professional services while acting in a designated role or for the specialty, procedure or technique designated on the endorsement.

The following are optional coverages under the policy. Several of the coverages require an additional premium charge.

Active Military Duty Endorsement – Form NCMIC-ND-03

This endorsement suspends coverage, including premium payments, if an insured is called to active military duty. This endorsement provides coverage for claims arising from acts, errors or omissions that occurred prior to the inception of the active military leave. There is no coverage for acts, errors or omissions during the period of active military duty. Because the claims made policy does not cancel, there is no need for the purchase of Extended Reporting Coverage (Tail) at the time of suspension.

Acupuncture - Oriental Medicine Coverage Endorsement – Form NCMIC-ND-04

This endorsement provides coverage to naturopathic physicians who also are licensed or properly certified to practice Acupuncture – Oriental medicine while acting within the scope of their license(s) and/or certifications. Employees not licensed but providing professional services under the direction and supervision of an insured are also covered as are licensed naturopathic physicians acting as locum tenens serving in the place of an insured. The charge for this endorsement is 15% of the ~~base premium.~~

Additional Insured Endorsement – Form NCMIC-ND-05

This endorsement provides coverage for an additional insured. ~~The charge for this endorsement will be 10% of the base premium.~~

The insured must complete an application for the additional insured endorsement.

Blank Endorsement – Form NCMIC-ND-06

This endorsement may be utilized as a manuscript form to broaden, restrict, or clarify coverage issues. The endorsement may also be utilized to clarify adjustments in rating.

~~Change Endorsement – Form NCMIC-ND-07~~

~~This endorsement records a change of address of an insured or adds or deletes a naturopathic or chiropractic physician on other than the regular renewal date.~~

~~Chiropractor Practice Endorsement – Form NCMIC-ND-08~~

~~For additional premium of 15% of base premium, this endorsement adds coverage for naturopathic physicians who are also licensed chiropractors and are providing both naturopathic and chiropractic treatment to patients. Employees not licensed but providing professional services under the direction and supervision of the insured are also covered. Additional application information will be required for approval.~~

Extended Reporting Endorsement – Form NCMIC-ND-09

This endorsement provides coverage for an unlimited time period with aggregate liability limits equal to or less than those of the expired coverage to report claims, which arose from incidents that occurred when the coverage was in force. The liability limits provided by this option are the only limits that shall be applicable to the unlimited time period designated above. ~~This endorsement can be applied to group or entity policies.~~

~~Limits of Liability Change Endorsement – Form NCMIC-ND-10~~

~~This endorsement is used when limits of liability are changed on other than the renewal date of the policy.~~

~~Multiple Partnership, Corporation or Professional Association With Shared Limits of Liability (Professional Liability) Endorsement – Form NCMIC-ND-11~~

~~This endorsement is used when an insured has multiple partnerships, corporations or professional associations and applies for separate limits of liability to cover these entities. This endorsement will provide one separate limit of liability that will be shared between the entities. The charge will be 20% of the undiscounted base premium for the first entity and 5% of the undiscounted base premium for each additional entity.~~

Postceptor or Extern Coverage Endorsement – Form NCMIC-ND-12

This endorsement provides coverage for naturopathic college students who have graduated from naturopathic college, but who have not yet received a license to practice, i.e. externs. The extern must be under the direct

Active Military Duty Endorsement – Form NCMIC-ND-03

This endorsement suspends coverage, including premium payments, if an insured is called to active military duty. This endorsement provides coverage for claims arising from acts, errors or omissions that occurred prior to the inception of the active military leave. There is no coverage for acts, errors or omissions during the period of active military duty. Because the claims made policy does not cancel, there is no need for the purchase of Extended Reporting Coverage (Tail) at the time of suspension.

Acupuncture - Oriental Medicine Coverage Endorsement – Form NCMIC-ND-04

This endorsement provides coverage to naturopathic physicians who also are licensed or properly certified to practice Acupuncture – Oriental medicine while acting within the scope of their license(s) and/or certifications. Employees not licensed but providing professional services under the direction and supervision of an insured are also covered as are licensed naturopathic physicians acting as locum tenens serving in the place of an insured. The charge for this endorsement is 15% of the discounted base premium as determined in step 4 of the Premium Determination.

Additional Insured Endorsement – Form NCMIC-ND-05

This endorsement provides coverage for an additional insured. There is no additional charge for this endorsement. The insured must complete an application for the additional insured endorsement.

Amendatory Endorsement – Form NCMIC-ND-06

This endorsement may be utilized as a manuscript form to broaden, restrict, or clarify coverage issues. The endorsement may also be utilized to clarify adjustments in rating.

Extended Reporting Endorsement – Form NCMIC-ND-09

This endorsement provides coverage for an unlimited time period with aggregate liability limits equal to or less than those of the expired coverage to report claims, which arose from incidents that occurred when the coverage was in force. The liability limits provided by this option are the only limits that shall be applicable to the unlimited time period designated above.

Postceptor or Extern Coverage Endorsement – Form NCMIC-ND-12

This endorsement provides coverage for naturopathic college students who have graduated from naturopathic college, but who have not yet received a license to practice, i.e. externs. The extern must be under the direct supervision of a licensed naturopathic physician and must be acting within the scope of the applicable laws governing externs. The additional premium for this endorsement is \$300.00 per postceptor or extern.

Temporary Leave of Absence Endorsement – Form NCMIC-ND-15

This endorsement may be utilized if an insured must take a leave of absence from their practice. Insureds who become disabled or take a leave of absence shall become eligible for suspension of coverage at a rate reduction of 90% of the otherwise applicable rate for the period of disability or leave of absence. The period must extend for a minimum length of sixty (60) days or more up to a maximum of one hundred eighty (180) days or until renewal. The lower premium will apply retroactively to the first day of the disability or leave.

This option provides continued protection to the provider who experiences a temporary interruption in his or her practice (subject to the stated eligibility requirements), for claims arising from acts, errors or omissions which occurred prior to the inception of the disability or leave. There is no coverage for acts, errors or omissions during the leave or disability period. Form claims made policies, because the policy does not cancel, there is no need for the purchase of Extended Reporting Coverage (Tail).

If disabled, proof of disability must be submitted to the Company for approval, and the calculation of the credit will be on a pro rata basis for the period of the qualifying disability.

For claims made policies, while on disability or leave, credit toward extended reporting vesting will continue to accrue, and the insured must continue to pay premiums when due.

Eligible Situations For Temporary Leave of Absence: Short-Term Disability, Maternity Leave or any other reason pre-approved by NCMIC Insurance Company – Does not apply to vacations

supervision of a licensed naturopathic physician and must be acting within the scope of the applicable laws governing externs. The additional premium for this endorsement is ~~10% of base premium.~~

~~Professional Services Exclusion Endorsement – Form NCMIC-ND-13~~

~~This exclusion may be added to the policy to exclude coverage for an insured supplying or failing to supply professional services while acting in a designated role.~~

~~Solo Practitioner Corporation With Shared Limits of Liability (Professional Liability) Endorsement – Form NCMIC-ND-14~~

~~This endorsement provides coverage for shared limits of liability at no additional charge to a naturopathic physician's professional entity, as long as the entity does not employ any other licensed health care providers.~~

~~Temporary Leave of Absence Endorsement – Form NCMIC-ND-15~~

This endorsement may be utilized if an insured must take a leave of absence from their practice. Insureds who become disabled or take a leave of absence shall become eligible for suspension of coverage at a rate reduction of 90% of the otherwise applicable rate for the period of disability or leave of absence. The period must extend for a minimum length of sixty (60) days or more up to a maximum of one hundred eighty (180) days or until renewal. The lower premium will apply retroactively to the first day of the disability or leave.

This option provides continued protection to the provider who experiences a temporary interruption in his or her practice (subject to the stated eligibility requirements), for claims arising from acts, errors or omissions which occurred prior to the inception of the disability or leave. There is no coverage for acts, errors or omissions during the leave or disability period. Form claims made policies, because the policy does not cancel, there is no need for the purchase of Extended Reporting Coverage (Tail).

If disabled, proof of disability must be submitted to the Company for approval, and the calculation of the credit will be on a pro rata basis for the period of the qualifying disability.

For claims made policies, while on disability or leave, credit toward extended reporting vesting will continue to accrue, and the insured must continue to pay premiums when due.

Eligible Situations For Temporary Leave of Absence: Short-Term Disability, Maternity Leave or any other reason pre-approved by NCMIC Insurance Company – Does not apply to vacations

~~Professional Partnership, Association, or Corporation With Separate Limits of Liability (Professional Liability) Endorsement – Form NCMIC-ND-16~~

~~This endorsement provides a separate limit of liability to a partnership, corporation or professional association. Coverage is provided only to the extent of the entity's liability for the providing of professional services within the scope and course of employment by a person included within the definition of "Persons Insured" under the policy. The charge for this endorsement is 20% of the undiscounted base premium for all practitioners.~~

XIV RATES**District of Columbia****Territory 01 – Entire State****Naturopathic Physician Claims Made Base Rate (@ \$100K/\$300K limit)****Territory 01 – \$2160.00****Increase limit factors: The applicable limit factor is determined by the chosen limit option on the application.**

| Limits of Liability | Increase Limit Factors |
|--------------------------------|-------------------------------|
| \$100,000/\$300,000 | 1.000 |
| \$200,000/\$600,000 | 1.159 |
| \$250,000/\$750,000 | 1.215 |
| \$500,000/\$1,000,000 | 1.408 |
| \$1,000,000/\$3,000,000 | 1.590 |
| \$2,000,000/\$4,000,000 | 1.741 |

Claims-Made Step Factors:

| Year | Claims-Made Step Factor |
|---------------|--------------------------------|
| 1 | 0.35 |
| 2 | 0.66 |
| 3 | 0.90 |
| 4 | 0.98 |
| Mature | 1.00 |

Version 1.00

RATES

District of Columbia

Territory 01 – Entire State

Naturopathic Physician Claims Made Base Rate (@ \$100K/\$300K limit)

Territory 01 – \$2160.00

Increase limit factors: The applicable limit factor is determined by the chosen limit option on the application.

| Limits of Liability | Increase Limit Factors |
|-------------------------|------------------------|
| \$100,000/\$300,000 | 1.000 |
| \$200,000/\$600,000 | 1.159 |
| \$250,000/\$750,000 | 1.215 |
| \$500,000/\$1,000,000 | 1.408 |
| \$1,000,000/\$3,000,000 | 1.590 |
| \$2,000,000/\$4,000,000 | 1.741 |

Claims-Made Step Factors:

| Year | Claims-Made Step Factor |
|--------|-------------------------|
| 1 | 0.35 |
| 2 | 0.66 |
| 3 | 0.90 |
| 4 | 0.98 |
| Mature | 1.00 |

